

## The Present Tuberculosis Control Situation

There is no question about the present armamentarium of anti-tuberculosis drugs being a formidable one. There are five first line and six or seven secondary ones available. Of these, isoniazid and rifampin are considered to be bactericidal in action and all are bacteriostatic in variable degree. All have side effects of one kind or another but most are relatively free in the usual therapeutic dosages employed in treatment.

How has the development of these highly specific anti-tuberculosis drugs affected management of tuberculosis compared to the situation prior to their advent? In a word, revolutionary. Present realizations are that in at least nine out of ten cases, the response to an adequate course of treatment is highly effective and lasting. Infectiousness is largely confined to the period preceding diagnosis and rapidly declines after an adequate course of chemotherapy is initiated. For close contacts, preventive treatment with isoniazid is effective.

Attitudes about the disease and ways to manage it can and ought to be changed. In many ways they have already changed. Further changes are in store, for example, home treatment in suitable cases and while back on the job as well. More advanced or complicated cases can be discharged from hospital sooner to continue their treatment at home.

Successful treatment requires optimum patient cooperation. Should this be less than optimal and the patient fail to adhere to the treatment schedule for the required length of time, he runs the risk of relapsing into infectiousness, thereby undermining his own recovery and posing a new risk of infection to others. Hospitalization to ensure ingestion of drugs is, however, uneconomical.